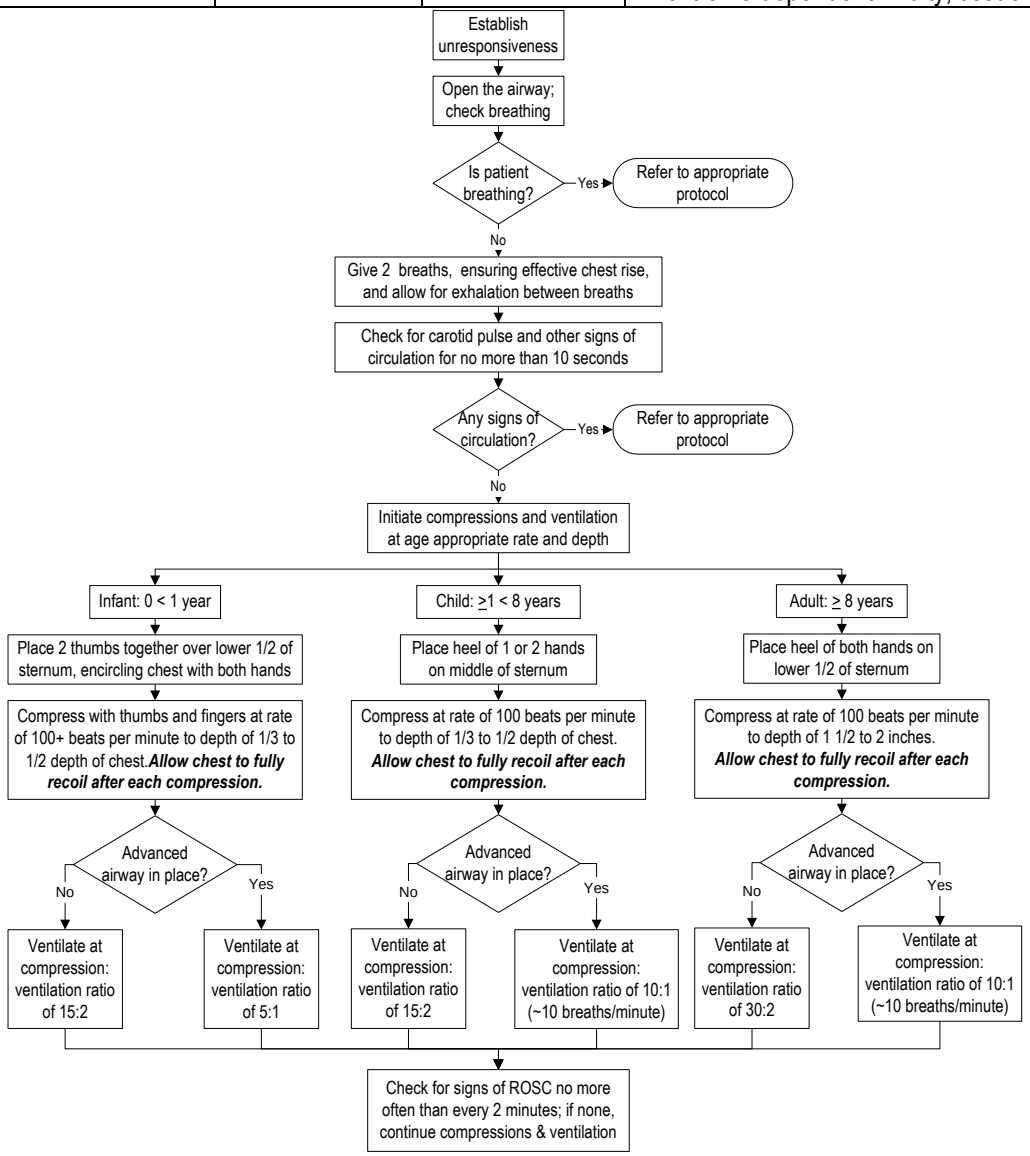
Initial: 12/11/02	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 2/6/06	**PRACTICAL SKILL**	Signature:
Revision: 1	**CARDIOPULMONARY RESUSCITATION**	Page 1 of 1

Purpose:			**Indications:**
To attempt to establish return of spontaneous circulation and respiration in a patient in cardiorespiratory arrest.			Patient is in cardiorespiratory arrest.
Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Provides circulation and respiration during cardiorespiratory arrest	None	Possible chest trauma	Patient has pulse and respiration Patient meets any of the following criteria: valid DNR order, decapitation, rigor mortis, extreme dependent lividity, tissue decomposition

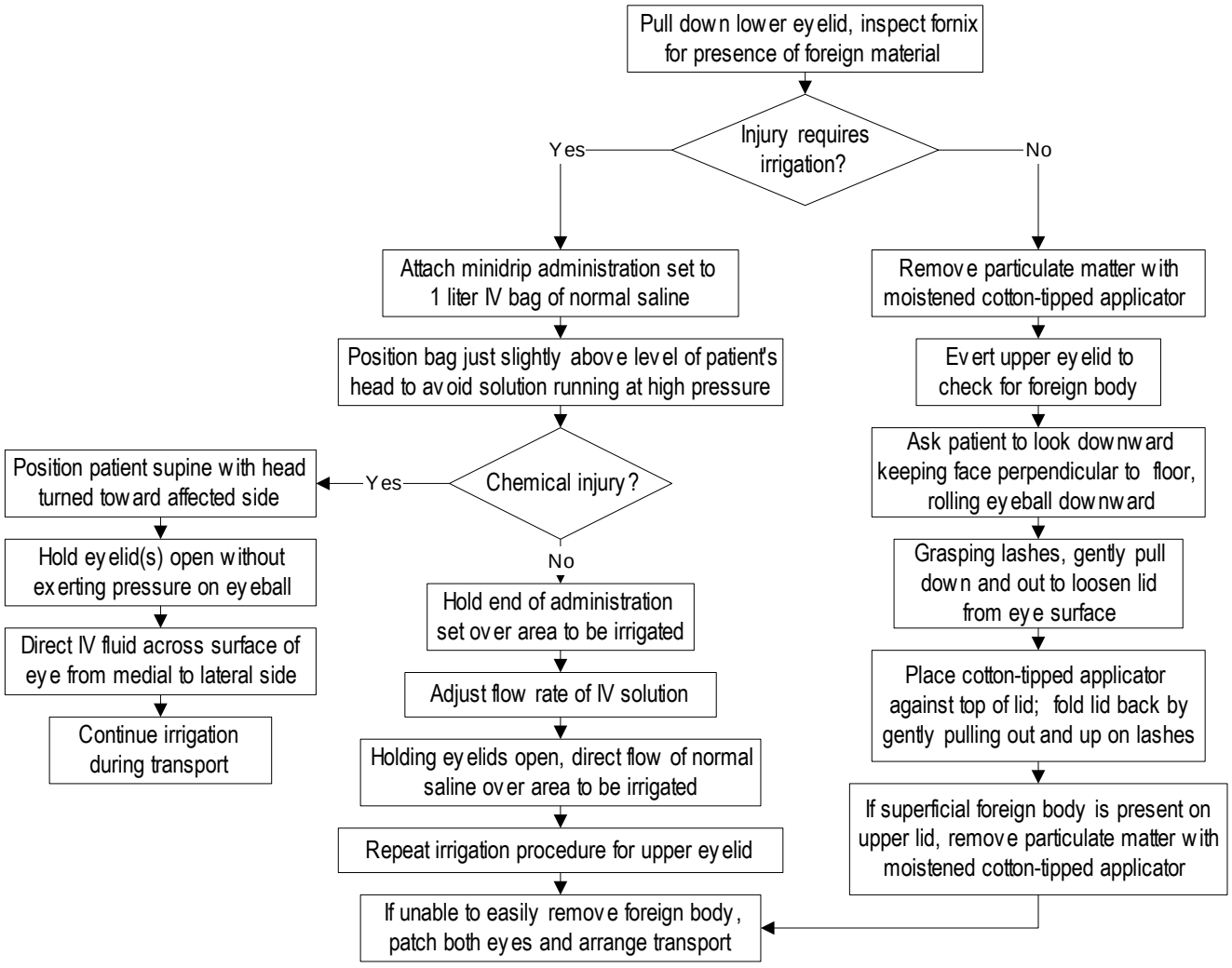


NOTES:

- Use of a barrier device to provide mouth-to-mouth ventilation is **strongly recommended** to prevent direct contact with secretions, reducing the risk of significant exposure.
- The rescuer performing chest compressions should switch at least every 2 minutes.
- All ventilations should be 1 second in duration.
- When an advanced airway is in place, continue compressions non-stop **without** pausing for ventilation.
- Chest compressions should be done as follows: **push hard and fast, releasing completely.**

Initial: 9/92	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 5/10/00	**PRACTICAL SKILL**	Signature:
Revision: 2	**FOREIGN MATERIAL IN EYE**	Page 1 of 1

Purpose:		**Indications:**	
To evaluate and remove foreign body or chemical from the anterior surface of the eye		Patient presents with foreign material on the anterior surface of the eye	
Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Decreases discomfort of foreign body in the eye Prevent further injury	May intensify injury if not easily removed	Ocular injury from tip of the irrigating line or from pressure from the fluid stream Vagal stimulation due to ocular pressure	Ruptured globe



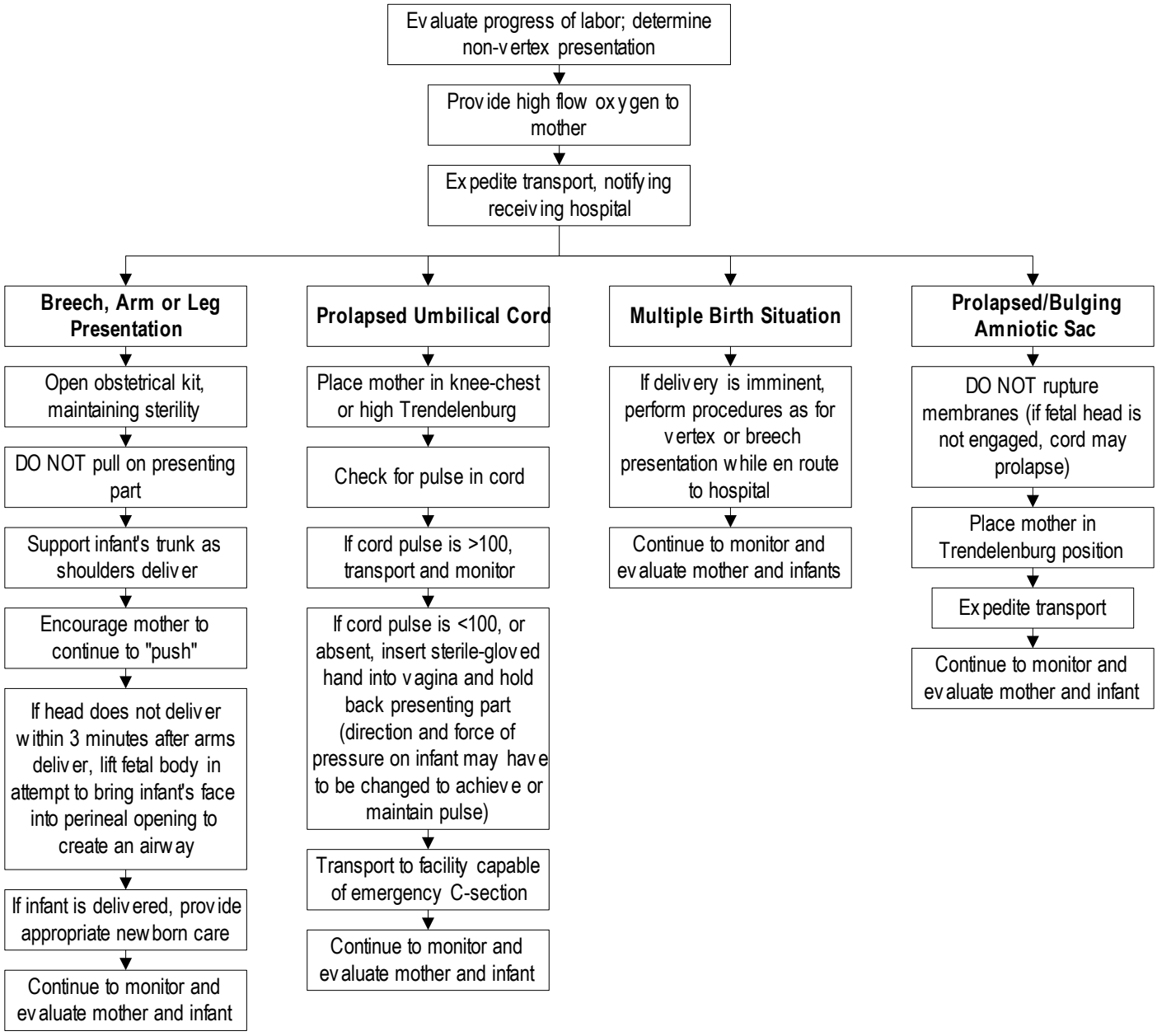
NOTES:

- Use at least one liter of normal saline to flush each eye.

Initial: 9/92	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 5/10/00	**PRACTICAL SKILL**	Signature:
Revision: 2	**LABOR/DELIVERY**	Page 1 of 1

NON-VERTEX PRESENTATION

Purpose:	**Indications:**
To evaluate and assist a woman in labor as necessary when the infant's position is not vertex	Patients in labor with imminent delivery and infant not in the vertex position



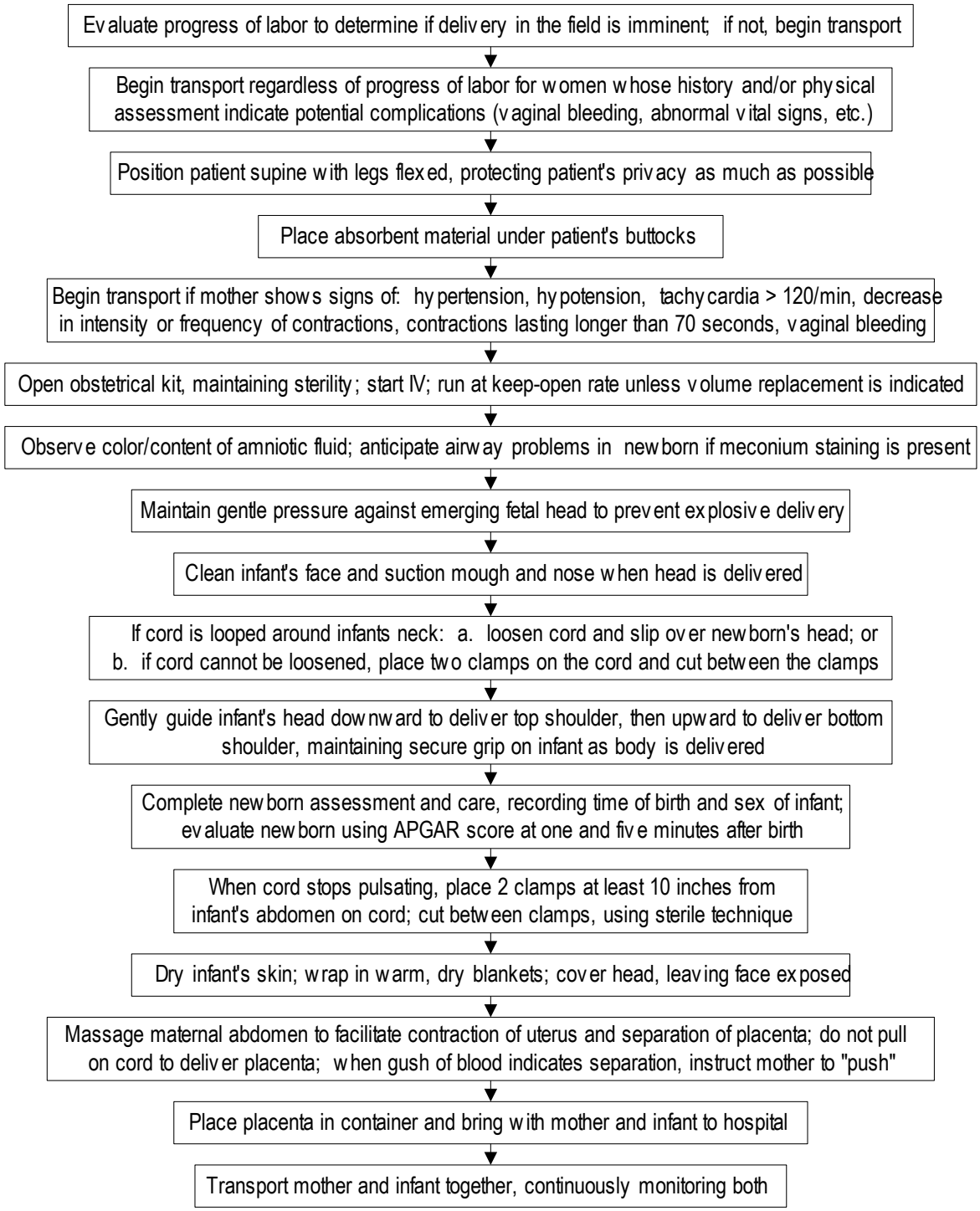
NOTES:

- IV lines should only be started when their need is critical and they will not delay transport.

Initial: 9/92	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 5/10/00	**PRACTICAL SKILL**	Signature:
Revision: 2	**LABOR/DELIVERY**	Page 1 of 1

VERTEX PRESENTATION

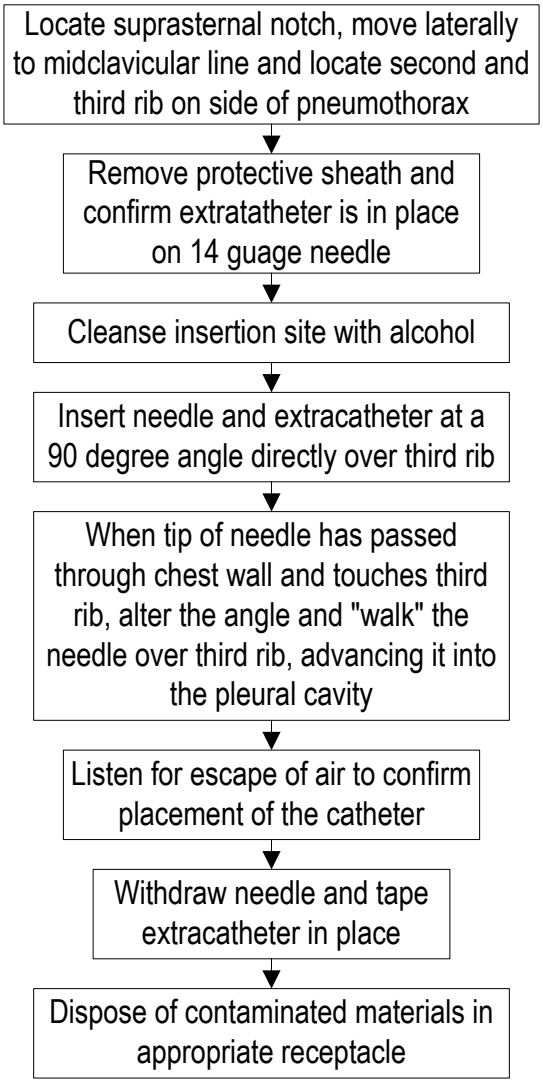
Purpose:	**Indications:**
To monitor and assist in the obstetrical delivery of an infant in the vertex position	Patients in labor with imminent delivery and infant in the vertex position



Initial: 9/92	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 10/14/09	**PRACTICAL SKILL**	Signature:
Revision: 3	**NEEDLE THORACOSTOMY**	Page 1 of 1

Purpose:	**Indications:**
To provide an open vent into the pleural space to decompress suspected tension pneumothorax	Patients presenting with suspected tension pneumothorax

Advantages:	**Complications:**	**Contraindications:**
Decompresses tension pneumothorax Facilitates ventilation	Intercostal artery injury Iatrogenic pneumothorax if original diagnosis was incorrect	None if patient meets clinical criteria



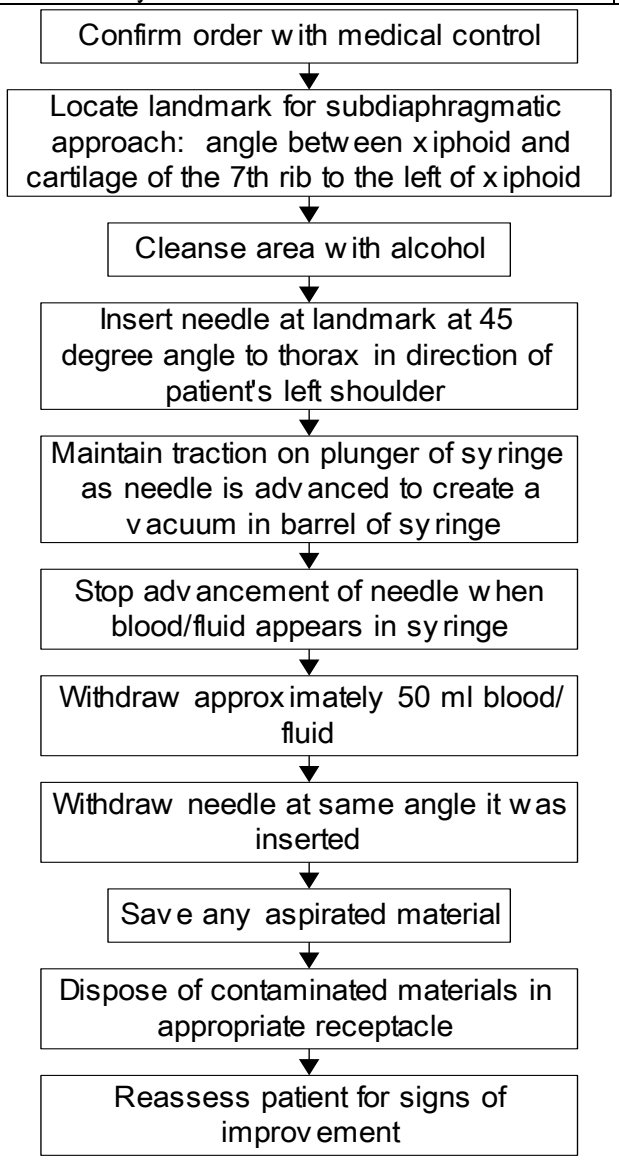
NOTES:

- *Signs/symptoms of a tension pneumothorax*: restless/agitated; increases resistance to ventilation; jugular vein distention; severe respiratory distress; decreased or absent breath sounds on the affected side; hypotension; cyanosis; tracheal deviation away from the affected side
- *Indications that procedure was successful*: increase in blood pressure; loss of jugular vein distention; decreased dyspnea; easier to ventilate patient; improved color

Initial: 9/92	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 5/21/08	**PRACTICAL SKILL**	Signature:
Revision: 2	**PERICARDIOCENTESIS**	Page 1 of 1

Purpose:	**Indications:**
To remove blood or fluid from the pericardial sac	Pulseless, apneic patients with signs/symptoms of pericardial tamponade

Advantages:	**Complications:**	**Contraindications:**
Removes blood or fluid from the pericardial sac	Damage to the left anterior descending coronary artery Pneumothorax Laceration of myocardium	Any patient with pulses



NOTES:

- Signs/symptoms of pericardial tamponade are: hypotension, tachycardia, distended neck veins, narrow pulse pressure, lack of pulses with CPR.

Initial: 9/92
Reviewed/revised: 5/12/04
Revision: 3

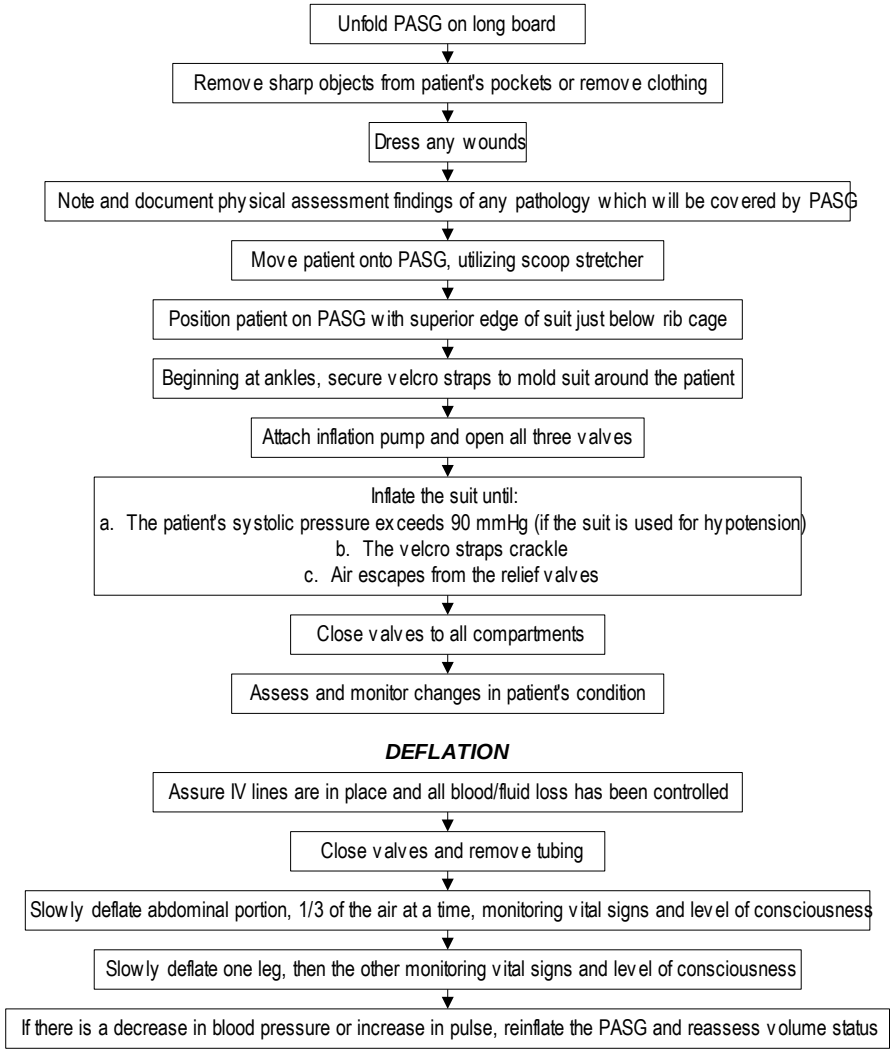
MILWAUKEE COUNTY EMS
PRACTICAL SKILL
PNEUMATIC ANTI-SHOCK GARMENT (PASG) (MAST)

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

Purpose:	**Indications:**
To increase intra-abdominal/intra-pelvic pressure and peripheral vascular resistance To provide rigid stabilization for suspected pelvic and/or lower extremity fractures	Suspected abdominal aortic aneurysm Suspected pelvic and/or femur fracture Extensive soft tissue injuries to lower extremities

Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Increased arterial blood pressure Increased venous return to the heart Increased/stabilized cardiac output Decrease of hemorrhage under the garment Stabilization of fractures	Covers abdomen, pelvis and lower extremities, obscuring visualization	Increase in hemorrhage in areas not covered by garment Application may delay transport	*Absolute Contraindications* Pulmonary edema/CHF Penetrating thoracic injury Thoracic aneurysm or dissection *Contraindications to abdominal inflation:* Abdominal evisceration Acute abdominal distention Impaled object in abdomen 3rd trimester pregnancy

INFLATION



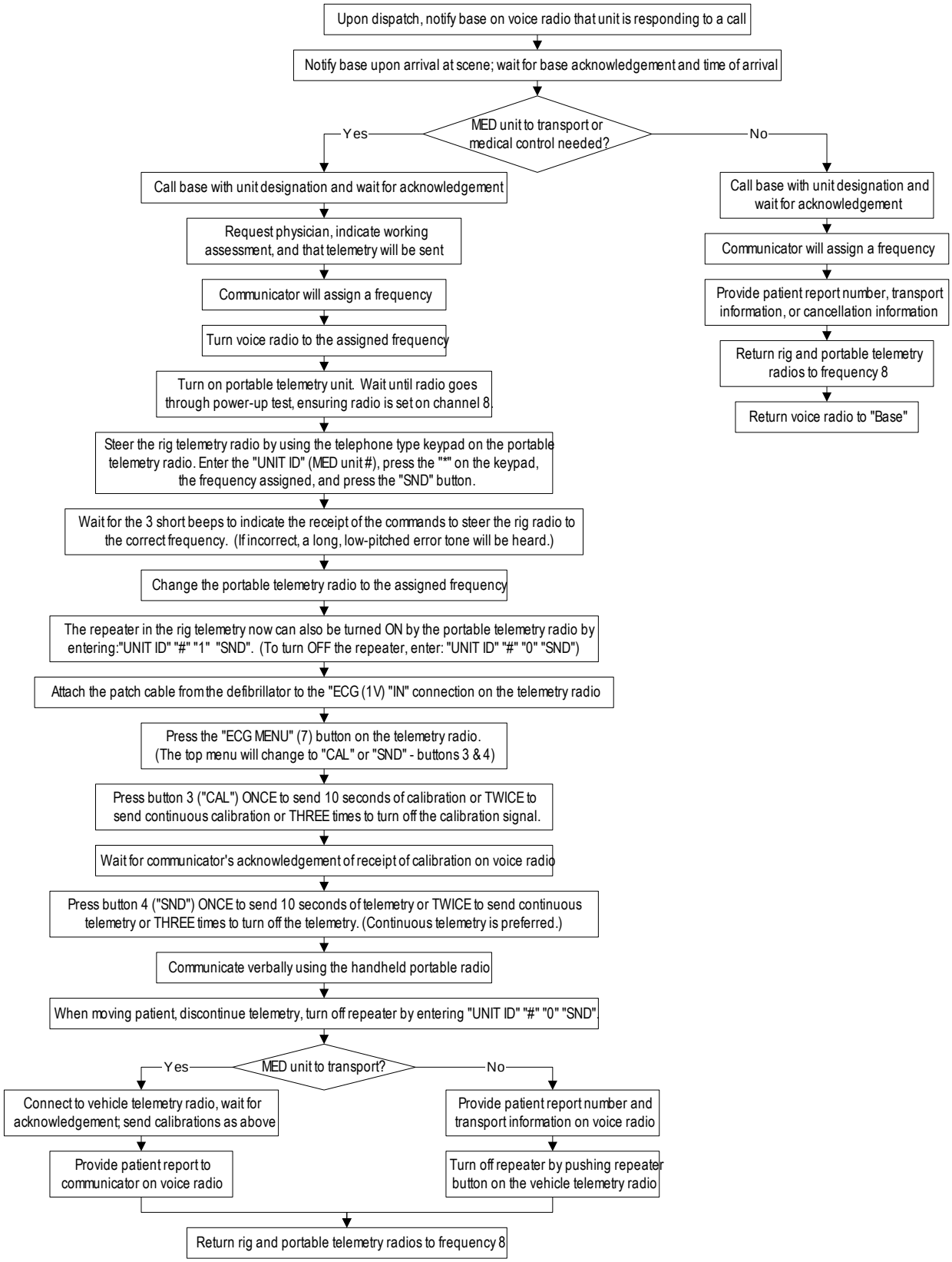
DEFLATION

NOTES:

- Deflation should be stopped anytime the patient's systolic pressure falls more than 5 mmHg or pulse increases by more than 5 beats/minute or there is any change in level of consciousness.

Initial: 9/92	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 9/12/01	**PRACTICAL SKILL**	Signature:
Revision: 3	**RADIO COMMUNICATION**	Page 1 of 1

Purpose: To establish contact with and communicate information to the paramedic Communications Center.



Initial:	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised:	**PRACTICAL SKILL**	Signature:
Revision:	**RADIO REPORT ELEMENTS TO BASE/RECEIVING HOSPITAL**	Page 1 of 1

Policy: Paramedics will provide a patient report to the base. The communicator will then forward the patient information to the receiving hospital. Some information collected is needed for all patients; some additional information is more helpful depending on the chief complaint and whether the patient is stable or not.

Necessary information on all patients given in the following order:

- Transporting unit
- Case number
- Receiving hospital
- Age and sex
- Chief complaint
- Most recent set of vitals
    - Complete BP is preferred; palpate if necessary
    - Pulse
    - Respiratory rate/breath sounds
    - Mental status (AVPU) or GCS if trauma patient
    - Pupils
- ECG rhythm
- Skin temperature, color, moisture (if applicable)
- IV – yes or no; if patient is unstable with no IV, indicate why there is no IV established
- O2
- SPO2, ETCO2
- Working Assessment (protocol followed)
- Pertinent medical history related to patient's present chief complaint (when relevant)
- Treatment/Interventions provided
    - Medications administered
    - Procedures initiated (c-spine precautions, etc.)
- Results of treatment/interventions
- Estimated time of arrival

"Nice to have" information:

- Patient's cardiologist (if patient is having a cardiac event)
- If enrolled in research protocol

Information that can wait until hospital arrival:

- Patient's medications – unless patient OD'd on one of them
- Patient's allergies – unless it's a medication the patient is likely to receive in the ED

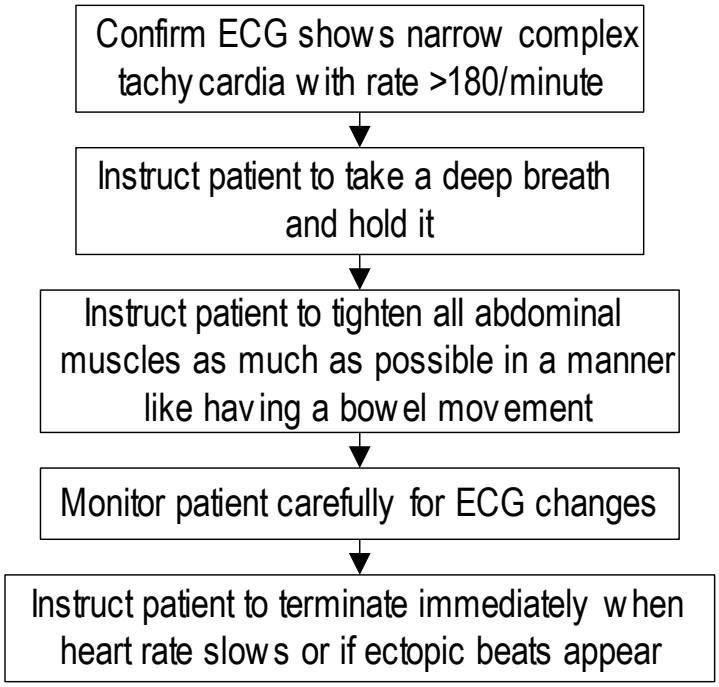
Sample patient report to the base:

Med unit: MED (#) requesting channel for report
Communicator: MED (#) go to frequency # and stand by
When acknowledged, MED unit will provide report as follows:
MED unit: We are en route to (receiving hospital) with a ___-year-old (male/female) complaining of ____.
Patient has BP of __/__, pulse of __, and respiratory rate of __ with __(breath sounds). Mental status is __. ECG rhythm is __.
ALS interventions include __ (IV, ET, medications, etc.). Procedures performed include __ (C-spine precautions, O2, etc.).
Results __ (Patient has/has not improved). ETA is ___ minutes.

NOTE: This policy is also policy 10-2.4 in MCEMS Communications Manual.

Initial: 5/10/00	**MILWAUKEE COUNTY EMS**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised:	**PRACTICAL SKILL**	Signature:
Revision:	**VAL SALVA MANEUVER**	Page 1 of 1

Purpose:		**Indications:**	
To terminate supraventricular tachyarrhythmia		Supraventricular tachyarrhythmia	
Advantages:	**Disadvantages:**	**Complications:**	**Contraindications:**
Slows the heart to allow for adequate refill time and greater cardiac output	None	Ectopic beats	Patient unable to follow instructions Patient is hemodynamically unstable



NOTES:

- The patient must be monitored during the procedure and the effort terminated immediately when the heart slows or if ectopic beats appear.
- The val salva maneuver is the only sanctioned vagal maneuver within the Milwaukee County EMS system.
- Patient's with unstable supraventricular tachycardias (patients who show signs of compromised cardiac output) should be treated with medication or synchronized cardioversion.